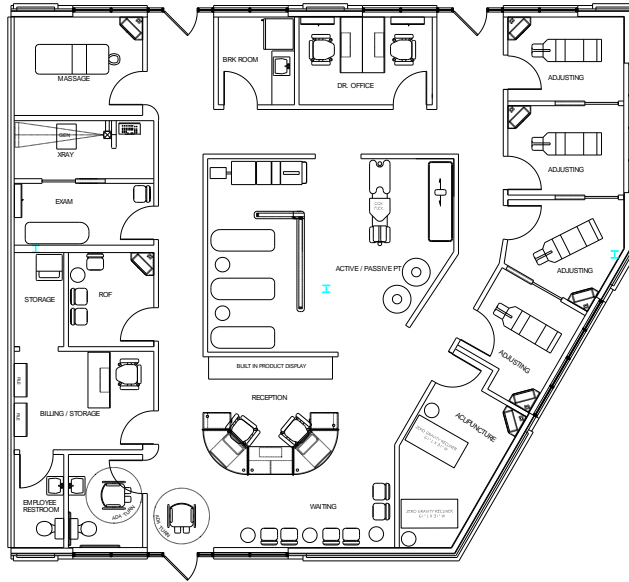
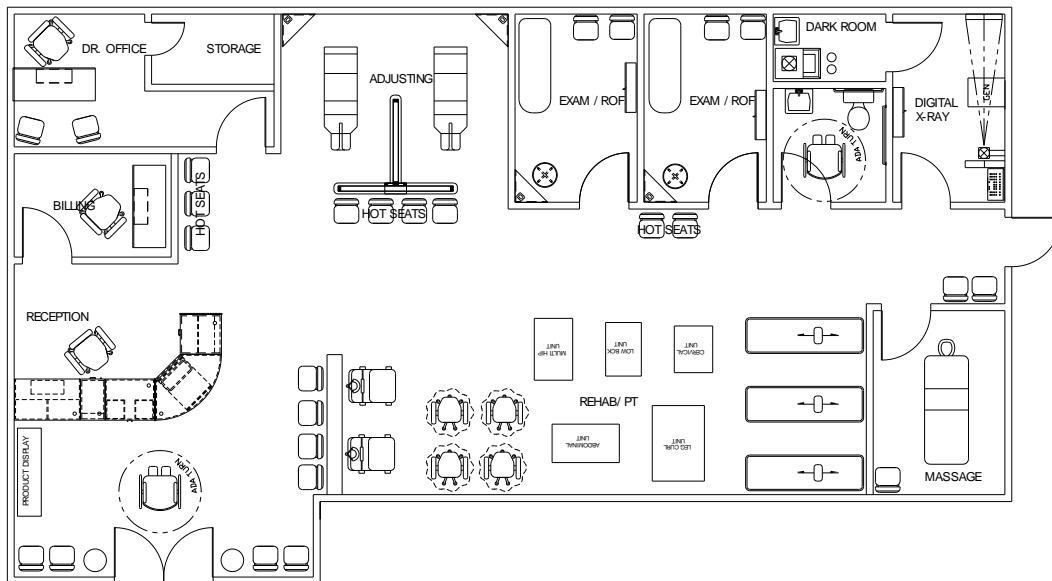


Office Modeling Assessment



Closed Adjusting - 2400 Sq. Ft.

Office Modeling / Working Path Study
4 Models Or Revisions Of The Same Floor Plan
\$688 up to 2000 sq ft



Open Adjusting - 2400 Sq. Ft.

Exam Rooms

Exam/X-Ray Combination – OK? _____ Exam Rooms Only – Quantity? _____ Sink? _____
 Additional Diagnostic Equipment Used: _____

X-Ray Room

Please circle the x-ray system used in your office:

Digital Hi-Frequency

Report / Consultation Room

Rooms – Quantity? _____ **Circle One** **Individual Reports OR **Group Reports
 Will the consult room be used as a working Dr's office or for consultation only? _____
 Other Equipment Needed in ROF Room: _____

Adjusting Area

Clinic Location (Front, Side, Back) _____ Adjusting Tables – Quantity _____
 Manufacturer & Model _____
 Open Format Style? (T-Bars, L-Bars, Permanent Walls, Etc)? Yes? _____, No? _____
 Closed Room Adjusting? (Separate Adjusting Room with Walls)? Yes? _____, No? _____
 Computer Station in Each Room? Yes? _____, No? _____
 Seating Outside of Adjusting Room/Area-Jump or Hot Seats? Yes? _____, No? _____
 Media (TV, VCR, DVD, Flat Screen)? _____

PT Active Area/Rehab

Clinic Location – Please Circle One **Front **Side **Back

Please circle the format that will work best in your office:

Open Format Style Closed Room Style

EQUIPMENT DETAILS

Circle any equipment used or desired:

Balance Balls	Abdominal Unit	Tread Mill
Multi Hip Unit	Stationary Bike	Leg Curl Unit
Low Back Unit	Cervical Unit	

Massage Chair? Yes? _____ No? _____, Quantity? _____
 Hydroculator or Freezer Used - Quantity? _____ Water Cooler? Yes? _____, No? _____
 Other Equipment: _____

PT Passive

Clinic Location – Please Circle One **Front **Side **Back

Please circle the format that will work best in your office:

Open Format Style Closed Room Style

EQUIPMENT DETAILS

Circle any equipment used or desired:

Inter-segmental Tables	Ultra Sound	E-Stem	Aqua Table
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Please Circle Necessary Items: **Hydroculator **Freezer **Water Cooler?
 Other Equipment Not Listed Above: _____



Office Modeling Services - Included in Office Design Services

Baseline + (4) Revisions of the Same Floor Plan. Please understand it is the doctor's/clinics responsibility to provide accurate dimensions to create the baseline. ChiroDesign Group will create up to two baselines prior to utilizing any of the (4) revisions allotted for your space planning. Please allow plenty of time to measure your existing space.

Revisions will be created, generated, and provided to the doctor/clinic at the pace of approximately one Revision per week. If CDG can provide at a quicker pace, we will gladly do so. If the doctor requests an accelerated pace, both CDG and the Doctor will agree on a schedule and a 25% rush fee will apply.

Once the Questionnaire and space dimensions are received via fax at ChiroDesign Group (CDG), our office will contact the clinic to schedule the first consultation call to begin the design process.

CALLS Included in the Design Services

First Call is the initial Consultation Call, which will take 30-45 minutes to clarify any missing details from the questionnaire and the provided drawing.

Please allow up to 30 minutes for each of the 2nd thru 6th calls. If the doctor requests additional phone time, fees will be determined at the time of the request.

Second Call, Takes place to review the baseline and to move onto the 1st Revision.

Third Call, Takes place to review Revision 1 and to discuss changes for Revision 2

Fourth Call, Takes place to review Revision 2 and to discuss changes for Revision 3

Fifth Call, Takes place to review Revision 3 and to discuss changes for Revision 4

Sixth Call, Takes place to review Revision 4 and to finalize the design process and to determine if modular furniture or equipment is needed. If necessary, ChiroDesign Group will provide a written quote of requested items.

I understand and agree to the services offered by ChiroDesign Group. ChiroDesign Group has permission to charge my credit card \$688.00 for up to 2000 sq ft, and any square footage over 2000 sq ft at a rate of \$.35/sq ft., for services rendered. Additional Revisions are available at a rate of \$95 per model and \$75 per model for two or more additional models. All sales are final.

Doctor/Customer Signature

Date

Credit Card # _____

Exp. Date _____

Billing Address: _____ City: _____ State: _____ ZIP: _____